REMARKS/ARGUMENTS

Claims 1 to 8 are pending in this application. No claims are amended in this response.

Applicants acknowledge and appreciated that the 35 USC 112 rejections that were in the previous Office Action were withdrawn and that claims 4 and 8 are allowable if rewritten in independent claim form.

The rejection of Claims 1 to 3 and 5 to 7 under 35 U.S.C. § 103(a) for being unpatentable over U.S. Patent No. 5,670,516 to Arnold et al (Arnold) and the Gerlach and Adam's papers was maintained in this Office Action. Applicants again respectfully traverse this rejection.

Contrary to the Examiner's understanding, Applicants would respectfully like to clarify their previous argument that they are indeed contending that a prima facie case has not been made. In the previous Office Action dated 6/17/2004, the gist of the argument against patentability under obviousness is these sentences in item 9:

> It would have been *prima facie* obvious to one of ordinary skill in the art at the time of the invention to use an AMPA receptor antagonist (as taught by Arnold et al.) to treat dyskinesia associated with dopamine agonist thereapy for the following reasons. Adams et al. teach that one of the "most common and troublesome effects of L-dopa" is dyskinesia, Arnold et al. teach a number of neurological conditions such as "muscular spasms" and "tardive dyskinesia" that can be treated using an AMPA receptor antagonist. Gerlach teaches that L-Dopa-induced hyperkinesias is indistinguishable from tardive dkyskinesia and represents an obvious clinical analogue to tardive dyskinesia.

Applicants respectfully submit that the prima facie case of obviousness has not been made since Gerlach does not teach that hyperkinesias is indistinguishable from tardive dkyskinesia. In fact, the article teaches against it. The article teaches against it under paragraph 3.2.2 where Gerlach explicitly states that hyperkinesias is not directly comparable to TD (tardive dyskinesia). Accordingly, the reasoning of the last leg of the allege prima facie case in not correct since Gerlach specifically teaches against the contention that TD is the same as hyperkinesias. Thus the obviousness rejection should be withdrawn.

Since a prima facie has not been made, there is no need for unexpected results. However, Applicant did provide unexpected findings as found in the Menniti declaration whereby AMPA antagonists inhibits dopamine agonist-induced dyskinesia was unanticipated and contradicted at the time of Arnold because the Klogether and Loschman articles demonstrate that AMPA receptor antagonists potentiates the effect of a dopamine agonist in bradykinesia. Applicants respectfully submit that it is also surprising that AMPA receptor antagonists do not potentiate hyperkinetic dyskinesia since it does with hypokinetic bradykinesia and Gerlach discloses that there is considerable pathogenetic overlap between hypokinetic and hyperkinetic Parkinson syndromes (see paragraph 2.0 in Gerlach).

Accordingly, in light of this discussion that the Gerlach article teaches away from supporting that TD is the same as hyperkinesias, and that it is surprising that AMPA does not potentiate hyperkinetic dyskinesia, it would not have been obvious to use AMPA receptor antagonists with dopamine agonist therapy. Thus, the 103(a) rejection should be withdrawn.

In view of the foregoing, allowance of all pending claims in the application is respectfully requested. No other fee is believed due for this submission. If any fee is required to cover this submission, please charge the appropriate fee to Pfizer Deposit Account No. 16-1445.

Respectfully submitted,

Date: October 7, 2005

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